

Nevada State Health Division *Acceptable POC on 3/25/13 Ae*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS7197AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>AMEERY CARE II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>271 EAST DESERT ROSE DRIVE HENDERSON, NV 89015</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 2/22/13. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and four employee files were reviewed.  The facility received a grade of D.  The following deficiencies were identified:	Y 000	As Administrator, I have been in this facility since 2/1/2013. I am attaching a copy of a tracking form for employees and a copy of GB808 Phy rpt which I believe will resolve issues identified in this survey.	
Y 026 SS=D	449.190(3) Contents of License-Multiple Types  NAC 449.190 License: Contents; validity; transferability; issuance of more than one type.  3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and	Y 026 <i>Ae</i> <i>OK</i> <i>3/25/13</i>	<b>RECEIVED</b>  <b>MAR 08 2013</b>  BUREAU OF HEALTHCARE QUALITY & COMPLIANCE LAS VEGAS, NV  Resident #2 has been notified of move and has requested to return to home. <i>Dr. Ngo</i> is on vacation until 3/13/13 and resident has appt on that date. Resident will be discharged no later than 3/15/2013 in accordance with doctors approved discharge plan	<i>Name redacted for purposes of confidentiality Ae</i>

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*Ernie Daegle*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
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TITLE  
*Administrator*  
(X6) DATE  
*3/8/13*

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3/12/13

Name redacted for confidentiality AE



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Y 088	Continued From page 2  Severity: 1 Scope: 3	Y 088		
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift.  1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Based on record review and interview on 2/22/13, the facility failed to ensure 2 of 4 employees complied with NAC 441A.375 regarding pre-employment physical examinations(Employee #3 and #4-physicals older than 6 months at time of hire).  Severity: 2 Scope: 2	Y 103		
Y 105 SS=C	449.200(1)(f) Personnel File - Background Check  NAC 449.200 Staffing requirements; limitations on number of residents; written schedule	Y 105	Employee #3 had a letter from oncologist to return to work in file. A physical was scheduled for 2/25/13 and a copy is in personnel file. Employee #4 was terminated on 2/16/13 prior to survey because a review of personnel file by administrator revealed that employee failed to make self available for current physical on two separate occasions. He was not employed on date of survey. New employee checklist will insure that physicals are done prior to start date. Copy of both oncology letter and physical attached.	

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Y 105	Continued From page 3 required for each shift.  1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review and interview on 2/22/13, the facility failed to ensure 4 of 4 employees met background check requirements of NRS 449. (Employee #1, #2, #3 and #4-not fingerprinted under correct facility account).  Severity: 1 Scope: 3	Y 105	Employee 1,2,4 were fingerprinted and had background checks using sister facility ID#. Owner unaware of revision to this policy. A new application for ID was submitted and received 3/8/2013. All employees will be fingerprinted prior to 3/15/2013. Employee #3 provided proof of background check from BEITCA after insuring appropriateness for administrators. Awaiting disposition on validity between Bureau and BELTCA Copy of BELTCA letter attached	
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR  NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift.  2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.	Y 106		

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Y 106	Continued From page 4  This Regulation is not met as evidenced by: Based on record review and interview on 2/22/13, the facility failed to ensure that 1 of 4 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #2-expired certificate in April 2012. Non-approved Online CPR/FA course taken).  Severity: 2 Scope: 2	Y 106  <i>AE OK 3/12/13</i>	Employee #2 scheduled and completed CPR on 3/7/2013 See attached	
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary  NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections.  1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.  This Regulation is not met as evidenced by: Based on observation and interview on 2/22/13, the facility did not ensure the dishwashing machine was in good working condition and the	Y 250  <i>AE OK 3/25/13</i>	Dishwasher part delivered 3/7/2013. Repair to be complete by 3/15/2013 Oven was cleaned on 3/4/2013. A cleaning schedule for appliances done to insure cleaned and inspected once a month.	

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Y 250	Continued From page 5  oven needed to be cleaned.  Severity: 2 Scope: 3	Y 250		
Y 272 SS=C	449.2175(3) Service of Food - Menus  NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants.  3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.  This Regulation is not met as evidenced by: Based on observation, record review and interview on 2/22/13, the facility failed to ensure a current planned and dated menu was posted.  Severity: 1 Scope: 3	Y 272		
Y 356 SS=F	449.222(6) Bathrooms and Toilet Facilities  NAC 449.222 Bathrooms and toilet facilities; toilet articles.  6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.	Y 356	Previous menus have been placed in secure area of facility. Current menus are posted in location appropriate for caregivers and residents to see February menu's attached	

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Y 356	Continued From page 6  This Regulation is not met as evidenced by: Based on observation on 2/22/13, the facility did not ensure the locks on 2 resident bathroom doors and a door leading from the kitchen to resident bedrooms could be opened with a single motion.  Severity: 2      Scope: 3	Y 356  <i>AE OK 3/12/13</i>	The bathroom doors as well as the door leading from kitchen to resident rooms have been changed to single motion locks requiring no use of key from inside Receipts attached	
Y 431	449.229(2) State Fire Marshall referral  NAC 449.229 Requirements and precautions regarding safety from fire.  2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire.  This Regulation is not met as evidenced by: Based on observation and interview on 2/22/13, the facility failed to ensure 2 of 3 emergency lights were working properly (lights would not	Y 431	An electrician has been employed to inspect and review for wiring in the entire emergency system. This is scheduled for 3/6/2013. Any and all repairs will be completed prior to 3/15/2013	

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Y 431	Continued From page 7 illuminate when tested). State Fire Marshall referral.	Y 431 <i>AE OK 3/12/13</i>	Emergency lights have been repaired or replaced as necessary and lights are now in working order. Receipts attached		
Y 529 SS=C	449.260(1)(d) Activities for Residents  NAC 449.260 Activities for residents.  1. The caregivers employed by a residential facility shall: (d) Provide each resident with a written program of activities.  This Regulation is not met as evidenced by: Based on record review and interview on 2/22/13, the facility failed to ensure a current activity calendar was posted.  Severity: 1 Scope: 3	Y 529 <i>AE OK 3/12/13</i>	Schedule of activities has been posted in a location easily accessible to residents. Activities will be performed in accordance with schedule and documented in daily log that is a newly implemented tool for evaluating daily activities. Schedule for February 2013 attached		
Y 876 SS=B	449.2742(4) Medication Administration NRS 449.037  NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility.  4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS	Y 876			

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Y 876	Continued From page 8 449.037 are met.  This Regulation is not met as evidenced by: Based on record review and interview on 2/22/13, the facility failed to ensure an ultimate user agreement was obtained for 2 of 9 residents (Resident #3 and #6).  Severity: 1 Scope: 2	Y 876  <i>AE OK 3/25/13</i>	User agreements for residents #3 & #6 are attached. This document is part of new admission packet as well		
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information.  1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	Y 936			

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Y 936	Continued From page 9  This Regulation is not met as evidenced by: Based on record review on 2/22/13, the facility failed to ensure 2 of 9 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #8- missing two step TB skin test and Resident #9- missing proof of positive TB skin test).  Severity: 2 Scope: 1	Y 936  <i>AE OK 3/25/13</i>	Resident #8 copies of last 2 TB tests, 3/6/12 & 1/15/13. Resident #9 was transferred from Desert Springs and a request for the positive TB test done on 3/17/12 has been request. Completion date 3/15/13		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:  (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.  This Regulation is not met as evidenced by: Based on observation and interview on 2/22/13, the facility failed to ensure the back exit door alarmed when the door was opened (alarm had been turned off by caregiver).  Severity: 2 Scope: 3	Y 991  <i>AE OK 3/12/13</i>	Caregivers in-serviced regarding locks and alarms on doors. signs have been placed on both exterior doors indicating that doors must be locked and alarmed at all times. Copy of sign attached		

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Y 994	Continued From page 10	Y 994		
Y 994 SS=F	449.2756(1)(e) Alzheimer's facility - Dangerous items  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:  (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.  This Regulation is not met as evidenced by: Based on observation on 2/22/13, the facility failed to ensure dangerous items were not accessible to 9 of 9 residents (kitchen knife drawer was unlocked with the key in the lock).  Severity: 2 Scope: 3	Y 994  <i>AE OK 3/25/13</i>	Lock on knives and sharps drawer is being replaced. Key when not in use will be placed in upper cabinet secure and out of reach of residents. Completion 3/7/2013	
Y9999	Final Observations  Based on interview and record review on 2/22/13, the facility failed to ensure 1 of 4 employees received training to recognize and prevent the abuse of older persons before working in the facility (Employee #3).	Y9999  <i>AE OK 3/12/13</i>	Certification for Elder Abuse, Neglect, Exploitation attached dated 12/12/12 Attached	

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